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TRANSMITTAL		Application Number	09/849,022					
		Filing Date	May 4, 2001					
FORM		First Named Inventor	Joseph D. Gold, et al.					
(to be used for all correspondence after initial (lling)		Art Unit	1632					
		Examiner Name	Thái-An N. Ton, Ph.D.					
Total Number of Pages in This Submission (11)		Attorney Docket Number	091/005P					
ENCLOSURES (Check all that apply)								
		Drawing(s) Licensing-related Papers Patition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Ferminal Disclaimer Request for Refund CD, Number of CD(s) ks In for Extension of Time (1 page marker (1 page)	Other Enclosure(s) (please identify below):					
SIGNATURE OF ARRUGANT ATTORNEY OR ACENT								
Firm or Individual name SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT J. Michael Schiff, Registration No. 40,253								
Signature								
Date Aut 1/s								
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450 on the date shown below.								
Typed or printed name		J. Michael Schiff						
Signature		wal	Date Hed 7/05					
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This collection of information is required by 37 CFR 1.5. The information in fequired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for feducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PETITION	FOR EXTENSION OF TIME UNDER	Docket Number (Opti-	Docket Number (Optional)				
(Feet	FY 2005 s pursuant to the Consolidated Appropriations Ac	091/005					
Application	······································		Filed	May 4, 2001			
For	Genetically Altered Human Pluripotent Stem Cells						
Art Unit	1632		Examiner Tha	ái-An N. Ton, Ph.D.			
application.							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
	<u>Fee</u>		Small Entity Fee				
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$			
V	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$			
	Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510	s 510			
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	s			
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$			
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
			nniication to a Deno	anit Account			
The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number							
WARNIN Provide	IG: Information on this form may become pu credit card information and authorization of	ublic. Credit card informa n PTO-2038.	ition should not be inc	luded on this form.			
I am the	applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).							
	attorney or agent of record. Re	egistration Number	40,253				
	attorney or agent under 37 CF Registration number if acting under						
	tail			105			
	Signature						
	J Michael Schiff		(650) 473-7715				
	Typed or printed name	Telephone Number					
VOTE: Signature Lignature is requ	es of all the inventors or assignees of record of the entired, see below.	itire interest or their representat	tive(s) are required. Submit	multiple forms if more than one			
Total o		e cubmitted					

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